

# **Alabama Medicaid Agency**

## **Amendment 1 to ITB #10-X-2205737**

The Alabama Medicaid Agency is amending ITB #10-X-2205737 as follows. Please note that any deleted requirements will not result in the renumbering of subsequent requirements.

1. Requirement 3.02.135 is being changed from

The Vendor shall maintain and staff a provider communications/relations inquiry function to include toll-free lines. Adequate staff will be provided to answer a minimum of sixteen (16) toll-free telephone lines concurrently with the capacity of up to forty (40) lines from 8:00 AM to 5:00 PM local time, Monday through Friday (excluding State-observed holidays). If the Agency requires more than sixteen (16) lines to be staffed reimbursement will be made in accordance with Section 6 - General Terms and Conditions of this ITB.

To

The Vendor shall maintain and staff a provider communications/relations inquiry function to include toll-free lines. Adequate staff will be provided to answer a minimum of fourteen (14) toll-free telephone lines concurrently with the capacity of up to forty (40) lines from 8:00 AM to 5:00 PM local time, Monday through Friday (excluding State-observed holidays). If the Agency requires more than fourteen (14) lines to be staffed reimbursement will be made in accordance with Section 6 - General Terms and Conditions of this ITB. Provider communications/relations inquiry staff is not required to answer eligibility verification calls.

2. Requirement 3.06.026 is being changed from

The Vendor shall accept and process all claim types on paper. The forms shall include but not be limited to: - CMS-1500 claim form - UB-04 claim form - Pharmacy claim form (Agency unique) - American Dental Association Standard claim form - Encounter claims that are processed through the MMIS as fee for service claims up to, but not including, payment - Medical Crossover Form (Agency unique)

To

# **Alabama Medicaid Agency**

## **Amendment 1 to ITB #10-X-2205737**

The Vendor shall accept and process all claim types on paper in the following situations:

Claims that require attachments for claims adjudication

Claims submitted by out-of-state providers located in non-bordering states

State initiated special batches

### **3. Requirement 3.06.038 is being changed from**

The Vendor shall process electronic claim adjustments on-line real-time and enter and process paper claim adjustments within ten (10) days of receipt.

To

The Vendor shall process electronic claim adjustments on-line real-time. The Vendor shall return all Provider initiated paper claim adjustments to the Provider without processing. The Vendor shall continue to process paper claim adjustments from the Agency within ten (10) days of receipt.

### **4. In Section 3.07 Financial Requirements the paragraph that reads**

Remittance Advice (RA) - The Remittance Advice (RA) is the primary document sent to a provider that reports claim activity, claim status, payments sent to and monies received from a provider. Providers can request to receive only an electronic RA, only paper or both. The RA is generated in each claims payment cycle. A provider will only receive a RA if the provider has activity during the claim payment cycle.

Is being changed to read

Remittance Advice (RA) - The Remittance Advice (RA) is the primary document sent to a provider that reports claim activity, claim status, payments sent to and monies received from a provider. Providers will receive only an electronic RA. The RA is generated in each claims payment cycle. A provider will only receive a RA if the provider has activity during the claim payment cycle.

# **Alabama Medicaid Agency**

## **Amendment 1 to ITB #10-X-2205737**

5. Requirement 3.07.017 is being changed from

The Vendor shall complete the payment cycles on an Agency approved schedule to ensure provider payments and remittance advices can be electronically transmitted or mailed.

Electronic remittances (835) must be transmitted within one (1) day following the checkwrite.

Paper remittances must be mailed within five (5) days following the checkwrite or upon release of the provider's payment.

To

The Vendor shall complete the payment cycles on an Agency approved schedule to ensure provider payments can be electronically transmitted or mailed.

6. Requirement 3.07.048 is being changed from

The Vendor shall produce RAs in multiple formats and content for paper RAs for different claim types such as hospital, pharmacy, professional, and LTC. All formats must be approved by the Agency.

To

The Vendor shall produce RAs for different claim types such as hospital, pharmacy, professional, and LTC. All formats must be approved by the Agency.

7. Requirement 3.07.045 is being changed from

The Vendor shall generate and distribute provider remittance advices (RA) in electronic (electronic transmissions will have to conform to ASC X12N 835 and/or ASC X12N 277 Unsolicited format) or hard-copy media, and on-line access for EDS and Agency staff (COLD), to include the following information:

# **Alabama Medicaid Agency**

## **Amendment 1 to ITB #10-X-2205737**

- A separate itemization of submitted claims, by claim type, that were paid, denied, or adjusted, and any financial transactions that were processed for that provider, including subtotals and totals;
- Post capitation payment, as required, with supporting detailed documentation.
- An itemization of suspended claims;
- Adjusted claim information showing both the original claim information and the adjusted information, with an explanation of the adjustment reason code;
- The name and address of the insurance company or companies;
- Medicare carrier or Health Plan, the name of the insured, and the policy and group number for claims rejected due to TPL coverage on file for the recipient;
- Explanatory messages relating to the claim payment cutback or denial;
- Summary section containing earnings information regarding the number of claims paid, denied, suspended, adjusted, and in process; and financial transactions for the current payment period, and year-to-date;
- Up to ten (10) EOB messages per claim header and per claim detail or as mandated by HIPAA; and
- Provider demographics to include but not limited to: provider NPI, address information, and service location

To

The Vendor shall generate and distribute provider remittance advices (RA) in electronic (electronic transmissions will have to conform to ASC X12N 835 and/or ASC X12N 277 Unsolicited format) and on-line access for Fiscal Agent and Agency staff (COLD), to include the following information:

- A separate itemization of submitted claims, by claim type, that were paid, denied, or adjusted, and any financial transactions that were processed for that provider, including subtotals and totals;
- Post capitation payment, as required, with supporting detailed documentation.
- An itemization of suspended claims;
- Adjusted claim information showing both the original claim information and the adjusted information, with an explanation of the adjustment reason code;
- The name and address of the insurance company or companies;
- Medicare carrier or Health Plan, the name of the insured, and the policy and group number for claims rejected due to TPL coverage on file for the recipient;
- Explanatory messages relating to the claim payment cutback or denial;

# **Alabama Medicaid Agency**

## **Amendment 1 to ITB #10-X-2205737**

- Summary section containing earnings information regarding the number of claims paid, denied, suspended, adjusted, and in process; and financial transactions for the current payment period, and year-to-date;
- Up to ten (10) EOB messages per claim header and per claim detail or as mandated by HIPAA; and
- Provider demographics to include but not limited to: provider NPI, address information, and service location

8. Delete Requirement 3.07.112 which reads

The Vendor shall print all claims text and data information on the paper RA in a format which is understandable to providers.

9. Delete Requirement 3.07.113 which reads

The Vendor shall review a sample of RAs after each checkwrite to ensure correctness prior to mailing to providers. The Vendor shall mail RAs to providers within five (5) days following a checkwrite except to those providers receiving a paper check, in which case the RA will be mailed when the check is released.

10. Requirement 3.02.054 is being changed from

The Vendor shall maintain provider enrollment personnel with a minimum of ten (10) FTEs - Enrollment Specialists, one (1) FTE - Quality Assurance, and one (1) FTE Enrollment Supervisor.

To

The Vendor shall maintain provider enrollment personnel with a minimum of five (5) FTEs - Enrollment Specialists of which one (1) must be a Managed Care enrollment specialist. Additionally the Vendor shall maintain one (1) FTE – Enrollment Quality Assurance Specialist and one (1) FTE Enrollment Supervisor.

11. Delete requirement 3.02.055 which reads

# **Alabama Medicaid Agency**

## **Amendment 1 to ITB #10-X-2205737**

The Vendor shall receive requests for enrollment and mail all enrollment packets to providers within two (2) days of receipt of the request.

12. Requirement 3.02.056 is being changed from

The Vendor shall accept and process (approve or deny) provider applications within five (5) days of receipt. If additional information is required from the provider, an additional five (5) days is allowed to obtain the information and process the application. Provider enrollment applications shall be in the format specified by the Agency.

To

The Vendor shall accept and process (approve or deny) provider applications within five (5) days of receipt. If additional information is required from the provider, an additional five (5) days is allowed to obtain the information and process the application. Provider enrollment applications shall be in the format specified by the Agency. All initial applications shall be received electronically and paper documents such as signature pages will only be used where required.

13. Requirement 3.02.058 is being changed from

The Vendor shall update the Provider File/Database on-line within two (2) days of receipt of change requests from any source. If additional information is required from the provider, an additional two (2) days is allowed to obtain the information and process the change request

To

The Vendor shall update the Provider File/Database on-line within two (2) days of receipt of change requests from any source. If additional information is required from the provider, an additional two (2) days is allowed to obtain the information and process the change request. All updates shall be received electronically and paper documents such as signature pages will only be used where required

14. The paragraph within Section 2 – Statement of Work which reads

# **Alabama Medicaid Agency**

## **Amendment 1 to ITB #10-X-2205737**

*The implementation phase shall be structured to accommodate the winner of the contract. This statement of work is divided into two (2) sections: Operational Implementation and Enhancement Implementation.*

A non-incumbent Vendor will be given twelve (12) months from the signing of the contract or until October 1, 2011 whichever date occurs first to complete the Operational Implementation phase. The non-incumbent Vendor will be given an additional six (6) months from the operational implementation to complete the enhancements.

An incumbent Vendor will be given six (6) months from the signing of the contract to complete the enhancements.

Is being changed to read

The implementation phase shall be structured to accommodate the winner of the contract. This statement of work is divided into two (2) sections: Operational Implementation and Enhancement Implementation.

A non-incumbent Vendor will be given twelve (12) months from the signing of the contract or until October 1, 2011 whichever date occurs first to complete the Operational Implementation phase. The non-incumbent Vendor will be given an additional six (6) months from the operational implementation to complete the enhancements.

An incumbent Vendor will be given six (6) months from the signing of the contract to complete the enhancements which are not identified by the incumbent as needing additional staff and/or resources over and above the current contractual requirement including enhancements related to the implementation of the X-12 5010 transactions. The enhancements exempted from this requirement must be specifically identified as specified in Section 4.

15. The paragraph in Section 4.04.08.03 Implementation Phase and Work Plan which reads

2. The work plan detail for these first three (3) tasks shall include the following:

A breakdown of all subtasks, activities, and sub-activities, including internal QA reviews, Agency review, Agency requested modifications and sign-off points.

# **Alabama Medicaid Agency**

## **Amendment 1 to ITB #10-X-2205737**

Calendar-based task schedules of the Implementation Phase showing estimated Agency and Vendor person-weeks of effort by labor category for each task and major subtask, both separately and totaled for each task.

Gantt and PERT charts showing start and end dates for all tasks and subtasks and the relationship between tasks and subtasks.

A schedule for submission and possible revision of all deliverables and their review by Agency staff; this schedule shall allow for revision and correction of Agency requested changes.

Method for ensuring the project stays on schedule, including allowed deviation and recovery processes.

Personnel and time-estimating procedures.

The remaining Implementation Phase tasks shall be defined at the subtask level. The work plan will be revised prior to the initiation of each task to provide sub-activity level of detail planning.

Is being changed to read

2. The work plan detail for these first three (3) tasks shall include the following:

A breakdown of all subtasks, activities, and sub-activities, including internal QA reviews, Agency review, Agency requested modifications and sign-off points.

Calendar-based task schedules of the Implementation Phase showing estimated Agency and Vendor person-weeks of effort by labor category for each task and major subtask, both separately and totaled for each task.

Gantt and PERT charts showing start and end dates for all tasks and subtasks and the relationship between tasks and subtasks.

A schedule for submission and possible revision of all deliverables and their review by Agency staff; this schedule shall allow for revision and correction of Agency requested changes.

Method for ensuring the project stays on schedule, including allowed deviation and recovery processes.

Personnel and time-estimating procedures.



# **Alabama Medicaid Agency**

## **Amendment 1 to ITB #10-X-2205737**

The remaining Implementation Phase tasks shall be defined at the subtask level. The work plan will be revised prior to the initiation of each task to provide sub-activity level of detail planning.

Additionally the incumbent is required to identify all enhancements for which additional staff and/or resources over and above the current contractual requirements are needed along with a brief description of the additional resources and/or staff required. If this is omitted, the Agency will require all enhancements to be implemented within six (6) months of the contract signing.

16. The Agency is amending the incumbent pricing sheet as indicated in the attached page.

17. Requirement 3.01.015 is being changed from

The MMIS shall be fully capable of processing, displaying, searching and reporting all data fields from all NCPDP and ASC X12 5010 transactions in all panels, reports, processes, etc. All fields, reports or processes, etc. currently using ICD-9 codes shall be capable of using ICD-10 codes without modification .

To

The MMIS shall be fully capable of processing, displaying, searching and reporting all data fields from all NCPDP and ASC X12 5010 transactions currently used in all panels, reports, processes, etc. All new fields available in ASC X12 5010 and NCPDP transactions will be captured and stored for potential future Agency use. All fields, reports or processes, etc. currently using ICD-9 codes shall be capable of using ICD-10 codes without modification

18. The Agency is modifying Section 2.03.01 OIP Contract Start-Up and Project Planning Task which reads:

Secure and prepare both temporary and permanent facility space  
o Establish a Vendor facility in Montgomery, Alabama city limits within the first thirty (30) days of the start of the contract.

# Alabama Medicaid Agency

## Amendment 1 to ITB #10-X-2205737

- o Establish secured off-site access for a minimum of twenty-five (25) Agency staff or contractors.
- o Ensure the temporary facility is of a sufficient size and structure to support Vendor and Agency needs until the permanent facility within the Montgomery, Alabama city limits is complete. This initial facility and the permanent facility may be the same.
- o Provide complete Agency offices, partitioned work areas, and conference room, as described in *Location and Facility Requirements*, within ninety (90) days of the start of the contract.
- o Establish Vendor Facility security

To read:

Secure and prepare both temporary and permanent facility space

- Establish a Vendor facility in Montgomery, Alabama city limits within the first thirty (30) days of the start of the contract.
- Establish secured off-site access for a minimum of twenty-five (25) Agency staff or contractors.
- Ensure the temporary facility is of a sufficient size and structure to support Vendor and Agency needs until the permanent facility within the Montgomery, Alabama city limits is complete. This initial facility and the permanent facility may be the same.
- Provide complete Agency offices, partitioned work areas, and conference room, as described in *Location and Facility Requirements*, within ninety (90) days of the start of the contract.
- Establish Vendor Facility security
- Establish permanent facility to house all personnel required to be located in Montgomery. This facility must house all call centers.

19. The Agency is modifying section 6.09.01.04 which reads:

Compensation for all approved pass-through expenses shall be paid based on documented costs. The following as specified in this ITB shall be allowable pass-through expenses:

All postage expenses directly related to the operation of the Contract, including postal preparation fees for bulk and mass mailings,

Agency-approved printing of manuals, handbooks, and bulletins, as defined in *Section 3 – Requirements: 3.02.093, 3.02.094, 3.02.095, 3.02.096, and 3.02.098*

# **Alabama Medicaid Agency**

## **Amendment 1 to ITB #10-X-2205737**

(excluding enrollment packages), 3.02.099 - *Provider Requirements*; 3.04.037, 3.04.038, and 3.04.039 - *Reference Requirements* ; 3.12.011 (PCCM Provider Referral Report), 3.12.014, 3.12.016, 3.12.027, 3.12.028 - *Managed Care Requirements*.

Toll-free telecommunication lines, as defined in *Section 3- Requirements*: 3.01.010 (*dial up toll free line*) - *General Requirements*, 3.02.135- *Provider Requirements*; 3.06.002, 3.06.010, 3.06.049 - *Claims Requirements*; 3.03.098- *Recipient Requirements*, 3.09.004 – *Drug Utilization Review Requirements*.

Plastic Medicaid identification cards, as defined in *Section 3-Requirements*: 3.03.014 (card stock, embossing, mailers and envelopes) - *Recipient Requirements*.

MMIS hardware and software, and any additional equipment, software upgrades and site licenses necessary to support Agency approved system enhancements. The Vendor shall obtain Agency approval prior to the purchase of any hardware, software, additional equipment, software upgrades or site licenses.

The Vendor shall submit to the Agency for approval, as part of the MMIS Implementation Plan, a plan for determining and documenting pass-through expenses. The Vendor shall make a reasonable effort to obtain the least costly alternative for all pass-through expenses. The Vendor shall take advantage of high volume printing and price comparison-shopping; automation- based rates and service provided by the Postal Service including zip+four, presorting, bar coding and bulk mailing.

To read:

Compensation for all approved pass-through expenses shall be paid based on documented costs. The following as specified in this ITB shall be allowable pass-through expenses:

All postage expenses directly related to the operation of the Contract, including postal preparation fees for bulk and mass mailings,

Agency-approved printing of manuals, handbooks, and bulletins, as defined in *Section 3 – Requirements*: 3.02.092, 3.02.093, 3.02.094, 3.02.095, 3.02.096, 3.02.097, and 3.02.098 (excluding enrollment packages), 3.02.099 - *Provider Requirements*; 3.04.037, 3.04.038, 3.04.039, and 3.04.041 - *Reference Requirements* ; 3.12.011 (PCCM Provider Referral Report), 3.12.012, 3.12.013,

# **Alabama Medicaid Agency**

## **Amendment 1 to ITB #10-X-2205737**

*3.12.014, 3.12.015, 3.12.016, 3.12.027, 3.12.028 and 3.12.039 - Managed Care Requirements; 3.13.008 – Medical Services Requirements.*

*Toll-free telecommunication lines, as defined in Section 3- Requirements: 3.01.010 (dial up toll free line) - General Requirements, 3.02.135- Provider Requirements; 3.06.002, 3.06.010, 3.06.049 - Claims Requirements; 3.03.098- Recipient Requirements, 3.09.004 – Drug Utilization Review Requirements.*

*Plastic Medicaid identification cards, as defined in Section 3-Requirements: 3.03.014 (card stock, embossing, mailers and envelopes) - Recipient Requirements.*

MMIS hardware and software, and any additional equipment, software upgrades and site licenses necessary to support Agency approved system enhancements. The Vendor shall obtain Agency approval prior to the purchase of any hardware, software, additional equipment, software upgrades or site licenses. This does not include any hardware and/or software required to meet requirements already specified within this ITB.

Vendor cost incurred in providing MMIS access to external entities at the request of the Agency such as data circuits or VPN access.

The Vendor shall submit to the Agency for approval, as part of the MMIS Implementation Plan, a plan for determining and documenting pass-through expenses. The Vendor shall make a reasonable effort to obtain the least costly alternative for all pass-through expenses. The Vendor shall take advantage of high volume printing and price comparison-shopping; automation- based rates and service provided by the United States Postal Service including zip+four, presorting, bar coding and bulk mailing.

20. Delete requirement 3.02.104 which reads

The Vendor shall update the PMF within one day of notification any changes brought to the attention of the Vendor by the State, providers, or from within.

21. Delete requirement 3.13.016 which reads:

The Vendor shall support the tracking of Maternity Care claims submitted for plan members who have exceeded stop-loss limits.

# **Alabama Medicaid Agency**

## **Amendment 1 to ITB #10-X-2205737**

22. Requirement 3.02.071 is being changed from

The Vendor shall store all provider enrollment call center, provider representative call center, and provider assistance call center recordings in a secured area accessible by the Agency. All calls from these Call Centers shall be retained for a minimum of twelve (12) months. The Vendor shall work with the Agency to define search criteria to easily locate specific calls. The search criteria shall include, but not be limited to call date, time, phone number the call originated from, Provider name, Provider ID or call identifier, and the Call Center worker. If requested, the Vendor shall provide the Agency with a copy of the voice recording within one (1) hour of request.

To

The Vendor shall store all provider enrollment call center, provider representative call center, and provider assistance call center recordings in a secured area. All calls from these Call Centers shall be retained for a minimum of twelve (12) months. The Vendor shall work with the Agency to define search criteria to easily locate specific calls. The search criteria shall include, but not be limited to call date, time, phone number the call originated from, Provider name, Provider ID or call identifier, and the Call Center worker. If requested, the Vendor shall provide the Agency with a copy of the voice recording within one (1) hour of request.

23. Requirement 3.03.065 is being changed from

The Vendor's Call Center shall process phone request on-line and real-time at the time of the call. The paper request will require a paper response. The system updates shall occur within one day of the receipt of the request. The return response shall be mailed within two (2) days of receipt of the request.

To

The Vendor's Call Center shall process phone request on-line and real-time at the time of the call. The system updates shall occur within one day of the receipt of the request. The paper request will require a paper response with the following exception:

The Vendor must respond in writing to any request for a specific Primary Medical Provider assignment which cannot be fulfilled.

# **Alabama Medicaid Agency**

## **Amendment 1 to ITB #10-X-2205737**

The return response shall be mailed within two (2) days of receipt of the request.

24. Requirement 3.03.112 is being changed from

The Vendor shall provide before and after screen shots for eligibility file updates. These screens shots shall be sent to the Agency on a daily basis.

To

The Vendor shall provide before and after screen shots for eligibility file updates which are unsuccessful with a description of the error. These screens shots shall be sent to the Agency on a daily basis.

25. Delete requirement 3.03.123 which reads

The Vendor shall process change requests received via phone and/or web application concerning modifications to a recipient's case. These changes include:

- Update the entire name, date of birth, and SSN for newborns, previously unborn.
- Update screens to reflect reported changes to TPL insurance status, Request and forward a copy of the insurance card and policy to TPL.
- Refer changes or questions concerning SSI cases to the appropriate Social Security Office.

26. Delete requirement 3.03.127 which reads

The Vendor shall provide assistance to recipients completing annual renewals.

27. Requirement 3.06.036 is being changed from

The Vendor shall maintain an adequately staffed data entry unit to enter paper claims into the MMIS within the following time guidelines:

- Claims with attachments within five (5) days
- Claims without attachments within ten (10) days

To

# **Alabama Medicaid Agency**

## **Amendment 1 to ITB #10-X-2205737**

The Vendor shall maintain an adequately staffed data entry unit to enter paper claims into the MMIS within five (5) days.

28. Requirement 3.10.049 is being changed from

The Vendor shall provide a process for requesting claim adjustments within the Claims subsystem so that adjustments occur within five (5) days of the request.

To

The Vendor shall provide a process for requesting claim adjustments within the Claims subsystem so that adjustments occur within ten (10) days of the request.

29. Delete requirement 3.17.086 which reads:

The Vendor shall provide one (1) full-time DSS technical support person to work full time at the Agency. The DSS support person will have sufficient technical knowledge of MMIS program operations, EIS/DSS modeling and reporting capabilities to support the Agency in generating DSS queries and reports.

The Vendor's support person will assist the Agency staff in utilizing the EIS/DSS /Ad Hoc Reporting in designing stored queries (pre-produced reports) and pre-programmed reports, in graphing and mapping data .

30. Requirement 3.18.009 is being changed from

The Vendor shall maintain on-line real-time update and inquiry to financial information with access by Recipient ID and by Recipient Name; to include but not be limited to: - Overpayment information - Receivable account balance and established date - Type of collections made, amount and date - Deposit date

To

The Vendor shall maintain on-line real-time update and inquiry to financial information with access by Social Security Number and/or by Recipient Name; to include but not be limited to: - Overpayment information - Receivable account balance and established date - Type of collections made, amount and date - Deposit date

# **Alabama Medicaid Agency**

## **Amendment 1 to ITB #10-X-2205737**

31. The Agency is modifying section 4.04.08.03 which reads:

In this section, the Bidder shall describe its approach to completing each of the ITB defined Implementation Phase tasks by presenting the Implementation Phase project work plan and schedule. The Bidder shall:

1. Present an Implementation Phase work breakdown structure for the Contract Start-Up and Planning; Requirements Definition; and System Analysis, Design and Specifications Tasks. A non-incumbent Bidder will provide the information below for the tasks defined in *Section 2.03 - Operations Implementation Phase (OIP) – Statement of Work*. The incumbent Bidder will provide the information below for the tasks defined in *Section 2.04 - Enhancement Implementation Phase (EIP) – Statement of Work*.

To read:

In this section, the Bidder shall describe its approach to completing each of the ITB defined Implementation Phase tasks by presenting the Implementation Phase project work plan and schedule. The Bidder shall:

1. Present an Implementation Phase work breakdown structure for the Contract Start-Up and Planning; Requirements Definition; and System Analysis, Design and Specifications Tasks. A non-incumbent Bidder will provide the information below for the tasks defined in *Section 2.03 - Operations Implementation Phase (OIP) – Statement of Work*. All Bidders will provide the information below for the tasks defined in *Section 2.04 - Enhancement Implementation Phase (EIP) – Statement of Work*.



**Alabama Medicaid Agency**  
**Amendment 1 to ITB #10-X-2205737**

**Appendix G**  
**State of Alabama**  
**Medicaid Management Information System**

**Pricing Schedule A (I) - To be completed by Incumbent Vendor only**  
**Incumbent Vendor Evaluated Price**

Month	Contract Item	Price	Factor	Evaluated Price
1			1.000000	
2			0.995851	
3			0.991718	
4			0.987603	
5			0.983506	
6			0.979425	
7			0.975361	
8			0.971313	
9			0.967283	
10			0.963269	
11			0.959272	
12			0.955292	
13	Enhancements Implementation Phase Project Start-up (Sch B(I))	\$ -	0.951328	\$ -
14	Enhancement Implementation Phase Requirement Definition (Sch B(I))	\$ -	0.947381	\$ -
15	Enhancement Implementation Phase Construction and Testing (Sch B(I))	\$ -	0.943450	\$ -
16			0.939535	
17	Enhancement Implementation Testing (Sch B(I))	\$ -	0.935637	\$ -
18	Enhancements Implementation Phase Implementation (Sch B(I))	\$ -	0.931754	\$ -
19	Year 1 - Total Monthly Price from Sch C(I)	\$ -	0.927888	\$ -
19	Extra Contractual Services Sch-D(I)	\$ -	0.927888	\$ -
20	Year 1 - Total Monthly Price from Sch C(I)	\$ -	0.924038	\$ -
20	Extra Contractual Services Sch-D(I)	\$ -	0.924038	\$ -
21	Year 1 - Total Monthly Price from Sch C(I)	\$ -	0.920204	\$ -
21	Extra Contractual Services Sch-D(I)	\$ -	0.920204	\$ -
22	Year 1 - Total Monthly Price from Sch C(I)	\$ -	0.916385	\$ -

# Alabama Medicaid Agency

## Amendment 1 to ITB #10-X-2205737

		-		-
22	Extra Contractual Services Sch-D(I)	\$ -	0.916385	\$ -
23	Year 1 - Total Monthly Price from Sch C(I)	\$ -	0.912583	\$ -
23	Extra Contractual Services Sch-D(I)	\$ -	0.912583	\$ -
24	Year 1 - Total Monthly Price from Sch C(I)	\$ -	0.908796	\$ -
24	Extra Contractual Services Sch-D(I)	\$ -	0.908796	\$ -
25	Year 1 - Total Monthly Price from Sch C(I)	\$ -	0.905025	\$ -
25	Extra Contractual Services Sch-D(I)	\$ -	0.905025	\$ -
26	Year 1 - Total Monthly Price from Sch C(I)	\$ -	0.901270	\$ -
26	Extra Contractual Services Sch-D(I)	\$ -	0.901270	\$ -
27	Year 1 - Total Monthly Price from Sch C(I)	\$ -	0.897530	\$ -
27	Extra Contractual Services Sch-D(I)	\$ -	0.897530	\$ -
28	Year 1 - Total Monthly Price from Sch C(I)	\$ -	0.893806	\$ -
28	Extra Contractual Services Sch-D(I)	\$ -	0.893806	\$ -
29	Year 1 - Total Monthly Price from Sch C(I)	\$ -	0.890097	\$ -
29	Extra Contractual Services Sch-D(I)	\$ -	0.890097	\$ -
30	Year 1 - Total Monthly Price from Sch C(I)	\$ -	0.886404	\$ -
30	Extra Contractual Services Sch-D(I)	\$ -	0.886404	\$ -
31	Year 2 - Total Monthly Price from Sch C(I)	\$ -	0.882726	\$ -
31	Extra Contractual Services Sch-D(I)	\$ -	0.882726	\$ -
32	Year 2 - Total Monthly Price from Sch C(I)	\$ -	0.879063	\$ -
32	Extra Contractual Services Sch-D(I)	\$ -	0.879063	\$ -
33	Year 2 - Total Monthly Price from Sch C(I)	\$ -	0.875416	\$ -
33	Extra Contractual Services Sch-D(I)	\$ -	0.875416	\$ -
34	Year 2 - Total Monthly Price from Sch C(I)	\$ -	0.871783	\$ -
34	Extra Contractual Services Sch-D(I)	\$ -	0.871783	\$ -

# Alabama Medicaid Agency

## Amendment 1 to ITB #10-X-2205737

		-		-
35	Year 2 - Total Monthly Price from Sch C(I)	\$ -	0.868166	\$ -
35	Extra Contractual Services Sch-D(I)	\$ -	0.868166	\$ -
36	Year 2 - Total Monthly Price from Sch C(I)	\$ -	0.864564	\$ -
36	Extra Contractual Services Sch-D(I)	\$ -	0.864564	\$ -
37	Year 2 - Total Monthly Price from Sch C(I)	\$ -	0.860976	\$ -
37	Extra Contractual Services Sch-D(I)	\$ -	0.860976	\$ -
38	Year 2 - Total Monthly Price from Sch C(I)	\$ -	0.857404	\$ -
38	Extra Contractual Services Sch-D(I)	\$ -	0.857404	\$ -
39	Year 2 - Total Monthly Price from Sch C(I)	\$ -	0.853846	\$ -
39	Extra Contractual Services Sch-D(I)	\$ -	0.853846	\$ -
40	Year 2 - Total Monthly Price from Sch C(I)	\$ -	0.850303	\$ -
40	Extra Contractual Services Sch-D(I)	\$ -	0.850303	\$ -
41	Year 2 - Total Monthly Price from Sch C(I)	\$ -	0.846775	\$ -
41	Extra Contractual Services Sch-D(I)	\$ -	0.846775	\$ -
42	Year 2 - Total Monthly Price from Sch C(I)	\$ -	0.843261	\$ -
42	Extra Contractual Services Sch-D(I)	\$ -	0.843261	\$ -
43	Year 3 - Total Monthly Price from Sch C(I)	\$ -	0.839762	\$ -
43	Extra Contractual Services Sch-D(I)	\$ -	0.839762	\$ -
44	Year 3 - Total Monthly Price from Sch C(I)	\$ -	0.836278	\$ -
44	Extra Contractual Services Sch-D(I)	\$ -	0.836278	\$ -
45	Year 3 - Total Monthly Price from Sch C(I)	\$ -	0.832808	\$ -
45	Extra Contractual Services Sch-D(I)	\$ -	0.832808	\$ -
46	Year 3 - Total Monthly Price from Sch C(I)	\$ -	0.829352	\$ -
46	Extra Contractual Services Sch-D(I)	\$ -	0.829352	\$ -
47	Year 3 - Total Monthly Price from Sch C(I)	\$ -	0.825911	\$ -

# Alabama Medicaid Agency

## Amendment 1 to ITB #10-X-2205737

		-		-
47	Extra Contractual Services Sch-D(I)	\$ -	0.825911	\$ -
48	Year 3 - Total Monthly Price from Sch C(I)	\$ -	0.822484	\$ -
48	Extra Contractual Services Sch-D(I)	\$ -	0.822484	\$ -
49	Year 3 - Total Monthly Price from Sch C(I)	\$ -	0.819071	\$ -
49	Extra Contractual Services Sch-D(I)	\$ -	0.819071	\$ -
50	Year 3 - Total Monthly Price from Sch C(I)	\$ -	0.815672	\$ -
50	Extra Contractual Services Sch-D(I)	\$ -	0.815672	\$ -
51	Year 3 - Total Monthly Price from Sch C(I)	\$ -	0.812288	\$ -
51	Extra Contractual Services Sch-D(I)	\$ -	0.812288	\$ -
52	Year 3 - Total Monthly Price from Sch C(I)	\$ -	0.808917	\$ -
52	Extra Contractual Services Sch-D(I)	\$ -	0.808917	\$ -
53	Year 3 - Total Monthly Price from Sch C(I)	\$ -	0.805561	\$ -
53	Extra Contractual Services Sch-D(I)	\$ -	0.805561	\$ -
54	Year 3 - Total Monthly Price from Sch C(I)	\$ -	0.802218	\$ -
54	Extra Contractual Services Sch-D(I)	\$ -	0.802218	\$ -
55	Year 4 - Total Monthly Price from Sch C(I)	\$ -	0.798890	\$ -
55	Extra Contractual Services Sch-D(I)	\$ -	0.798890	\$ -
56	Year 4 - Total Monthly Price from Sch C(I)	\$ -	0.795575	\$ -
56	Extra Contractual Services Sch-D(I)	\$ -	0.795575	\$ -
57	Year 4 - Total Monthly Price from Sch C(I)	\$ -	0.792274	\$ -
57	Extra Contractual Services Sch-D(I)	\$ -	0.792274	\$ -
58	Year 4 - Total Monthly Price from Sch C(I)	\$ -	0.788986	\$ -
58	Extra Contractual Services Sch-D(I)	\$ -	0.788986	\$ -
59	Year 4 - Total Monthly Price from Sch C(I)	\$ -	0.785712	\$ -
59	Extra Contractual Services Sch-D(I)	\$ -	0.785712	\$ -

# Alabama Medicaid Agency

## Amendment 1 to ITB #10-X-2205737

		-		-
60	Year 4 - Total Monthly Price from Sch C(I)	\$ -	0.782452	\$ -
60	Extra Contractual Services Sch-D(I)	\$ -	0.782452	\$ -
61	Year 4 - Total Monthly Price from Sch C(I)	\$ -	0.779205	\$ -
61	Extra Contractual Services Sch-D(I)	\$ -	0.779205	\$ -
62	Year 4 - Total Monthly Price from Sch C(I)	\$ -	0.775972	\$ -
62	Extra Contractual Services Sch-D(I)	\$ -	0.775972	\$ -
63	Year 4 - Total Monthly Price from Sch C(I)	\$ -	0.772752	\$ -
63	Extra Contractual Services Sch-D(I)	\$ -	0.772752	\$ -
64	Year 4 - Total Monthly Price from Sch C(I)	\$ -	0.769546	\$ -
64	Extra Contractual Services Sch-D(I)	\$ -	0.769546	\$ -
65	Year 4 - Total Monthly Price from Sch C(I)	\$ -	0.766353	\$ -
65	Extra Contractual Services Sch-D(I)	\$ -	0.766353	\$ -
66	Year 4 - Total Monthly Price from Sch C(I)	\$ -	0.763173	\$ -
66	Extra Contractual Services Sch-D(I)	\$ -	0.763173	\$ -
67	Year 5 - Total Monthly Price from Sch C(I)	\$ -	0.760006	\$ -
67	Extra Contractual Services Sch-D(I)	\$ -	0.760006	\$ -
68	Year 5 - Total Monthly Price from Sch C(I)	\$ -	0.756853	\$ -
68	Extra Contractual Services Sch-D(I)	\$ -	0.756853	\$ -
69	Year 5 - Total Monthly Price from Sch C(I)	\$ -	0.753712	\$ -
69	Extra Contractual Services Sch-D(I)	\$ -	0.753712	\$ -
70	Year 5 - Total Monthly Price from Sch C(I)	\$ -	0.750585	\$ -
70	Extra Contractual Services Sch-D(I)	\$ -	0.750585	\$ -
71	Year 5 - Total Monthly Price from Sch C(I)	\$ -	0.747470	\$ -
71	Extra Contractual Services Sch-D(I)	\$ -	0.747470	\$ -
72	Year 5 - Total Monthly Price from Sch C(I)	\$ -	0.744369	\$ -

# Alabama Medicaid Agency

## Amendment 1 to ITB #10-X-2205737

		-		-
72	Extra Contractual Services Sch-D(I)	\$ -	0.744369	\$ -
73	Year 5 - Total Monthly Price from Sch C(I)	\$ -	0.741280	\$ -
73	Extra Contractual Services Sch-D(I)	\$ -	0.741280	\$ -
74	Year 5 - Total Monthly Price from Sch C(I)	\$ -	0.738204	\$ -
74	Extra Contractual Services Sch-D(I)	\$ -	0.738204	\$ -
75	Year 5 - Total Monthly Price from Sch C(I)	\$ -	0.735141	\$ -
75	Extra Contractual Services Sch-D(I)	\$ -	0.735141	\$ -
76	Year 5 - Total Monthly Price from Sch C(I)	\$ -	0.732091	\$ -
76	Extra Contractual Services Sch-D(I)	\$ -	0.732091	\$ -
77	Year 5 - Total Monthly Price from Sch C(I)	\$ -	0.729053	\$ -
77	Extra Contractual Services Sch-D(I)	\$ -	0.729053	\$ -
78	Year 5 - Total Monthly Price from Sch C(I)	\$ -	0.726028	\$ -
78	Extra Contractual Services Sch-D(I)	\$ -	0.726028	\$ -
79	Year 6 - Total Monthly Price from Sch C(I)	\$ -	0.723015	\$ -
79	Extra Contractual Services Sch-D(I)	\$ -	0.723015	\$ -
80	Year 6 - Total Monthly Price from Sch C(I)	\$ -	0.720015	\$ -
80	Extra Contractual Services Sch-D(I)	\$ -	0.720015	\$ -
81	Year 6 - Total Monthly Price from Sch C(I)	\$ -	0.717028	\$ -
81	Extra Contractual Services Sch-D(I)	\$ -	0.717028	\$ -
82	Year 6 - Total Monthly Price from Sch C(I)	\$ -	0.714052	\$ -
82	Extra Contractual Services Sch-D(I)	\$ -	0.714052	\$ -
83	Year 6 - Total Monthly Price from Sch C(I)	\$ -	0.711090	\$ -
83	Extra Contractual Services Sch-D(I)	\$ -	0.711090	\$ -
84	Year 6 - Total Monthly Price from Sch C(I)	\$ -	0.708139	\$ -
84	Extra Contractual Services Sch-D(I)	\$ -	0.708139	\$ -

# Alabama Medicaid Agency

## Amendment 1 to ITB #10-X-2205737

		-		-
85	Year 6 - Total Monthly Price from Sch C(I)	\$ -	0.705201	\$ -
85	Extra Contractual Services Sch-D(I)	\$ -	0.705201	\$ -
86	Year 6 - Total Monthly Price from Sch C(I)	\$ -	0.702275	\$ -
86	Extra Contractual Services Sch-D(I)	\$ -	0.702275	\$ -
87	Year 6 - Total Monthly Price from Sch C(I)	\$ -	0.699361	\$ -
87	Extra Contractual Services Sch-D(I)	\$ -	0.699361	\$ -
88	Year 6 - Total Monthly Price from Sch C(I)	\$ -	0.696459	\$ -
88	Extra Contractual Services Sch-D(I)	\$ -	0.696459	\$ -
89	Year 6 - Total Monthly Price from Sch C(I)	\$ -	0.693569	\$ -
89	Extra Contractual Services Sch-D(I)	\$ -	0.693569	\$ -
90	Year 6 - Total Monthly Price from Sch C(I)	\$ -	0.690691	\$ -
90	Extra Contractual Services Sch-D(I)	\$ -	0.690691	\$ -
91	Year 7 - Total Monthly Price from Sch C(I)	\$ -	0.687825	\$ -
91	Extra Contractual Services Sch-D(I)	\$ -	0.687825	\$ -
92	Year 7 - Total Monthly Price from Sch C(I)	\$ -	0.684971	\$ -
92	Extra Contractual Services Sch-D(I)	\$ -	0.684971	\$ -
93	Year 7 - Total Monthly Price from Sch C(I)	\$ -	0.682129	\$ -
93	Extra Contractual Services Sch-D(I)	\$ -	0.682129	\$ -
94	Year 7 - Total Monthly Price from Sch C(I)	\$ -	0.679298	\$ -
94	Extra Contractual Services Sch-D(I)	\$ -	0.679298	\$ -
95	Year 7 - Total Monthly Price from Sch C(I)	\$ -	0.676480	\$ -
95	Extra Contractual Services Sch-D(I)	\$ -	0.676480	\$ -
96	Year 7 - Total Monthly Price from Sch C(I)	\$ -	0.673673	\$ -
96	Extra Contractual Services Sch-D(I)	\$ -	0.673673	\$ -
97	Year 7 - Total Monthly Price from Sch C(I)	\$ -	0.670877	\$ -

# Alabama Medicaid Agency

## Amendment 1 to ITB #10-X-2205737

		-		-
97	Extra Contractual Services Sch-D(I)	\$ -	0.670877	\$ -
98	Year 7 - Total Monthly Price from Sch C(I)	\$ -	0.668094	\$ -
98	Extra Contractual Services Sch-D(I)	\$ -	0.668094	\$ -
99	Year 7 - Total Monthly Price from Sch C(I)	\$ -	0.665321	\$ -
99	Extra Contractual Services Sch-D(I)	\$ -	0.665321	\$ -
100	Year 7 - Total Monthly Price from Sch C(I)	\$ -	0.662561	\$ -
100	Extra Contractual Services Sch-D(I)	\$ -	0.662561	\$ -
101	Year 7 - Total Monthly Price from Sch C(I)	\$ -	0.659812	\$ -
101	Extra Contractual Services Sch-D(I)	\$ -	0.659812	\$ -
102	Year 7 - Total Monthly Price from Sch C(I)	\$ -	0.657074	\$ -
102	Extra Contractual Services Sch-D(I)	\$ -	0.657074	\$ -

**TOTAL EVALUATED PRICE**

\$ -
------

**Note: Do not make entry in shaded area.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_